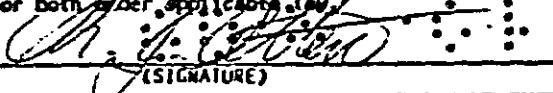


**MRID  
NUMBER**

**9125700**

MRID: 94357000

Page 1 of 11

United States Environmental Protection Agency Washington, DC 20460 REREGISTRATION PHASE 3 CHEMICAL RESPONSE WORKSHEET							Form Approved : 12/21/89 OMB No. : 2070-0106 Approval Expires: 12/31/92						
1.a. Company Name Antec International		1.b. Company No. 62432		2.a. Chemical No. 63604		2.b. Chemical Name Potassium peroxyomonosulfate			2.c. Case No. 4072				
Summary of Registrant's Phase 2 Response				Phase 3 Response									
3 Guideline Reference Number	4 Name of Requirement	5 MRID Number Associated With Comply. Codes 1 and 6	6 Comply Codes Used in Phase 2 Response	7 Is Summary Provided?	8 Does Summary Identify Adverse Effects?	9 Is Reformatted Study Provided?	10 Will Do Study?	11 Will Cost Share?	12 Will Provide Data Compensation?	13 Am Amending to Drop Use?	14 Correspondence Attached	15 Time Frame (Yrs.)	
61-1	Chemical Identity		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
61-2(a)	Begin. Mat. & mfg. proc		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
61-2(b)	Discussion of Impurities		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
62-1	Preliminary Analysis		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
62-2	Certification of limits		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
62-3	Analytical Method		6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
16 <input type="checkbox"/> Check here if registrant is submitting other information he or she believes supports registration.				17 <input type="checkbox"/> Check here if registrant is submitting identification of adverse effects information other than summaries of studies listed above.									
18 Certification I certify that the statements that I have made on this form and all attachments therein are true, accurate, and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.													
 (SIGNATURE)				Richard J. Otten (PRINC)			10/20/92 (DATE)			19 Contact Richard J. Otten U.S. Agent of Record			
20 Phone (919) 846-7860													

If you have any questions or other concerns about Phase 3 please call 800-552-8879.





1.a. Company Name Antec International		1.b. Company No. 62432		2.a. Chemical No. 63604		2.b. Chemical Name Potassium peroxyomonosulfate				2.c. Case No. 4072		
Summary of Registrant's Phase 2 Response				Phase 3 Response								
3 Guideline Reference Number	4 Name of Requirement	5 MRID Number Associated With Comply Codes 1 and 6	6 Comply Codes Used in Phase 2 Response	7 Is Summary Provided? Yes	8 Does Summary Identify Adverse Effects? Yes	9 Is Reformatted Study Provided? Yes	10 Will Do Study? Yes	11 Will Cost Share? Yes	12 Hearf/Will Provide Data Compensation? Yes	13 Am Amending to Drop Use? Yes	14 Correspondence Attached No	15 Time frame (Yrs.) 1
72-3(f)	Estu/mari tox. shrimp - TEP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72-4(a)	Early life stage fish			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-6(b)	Life cycle invertebrate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-5	Life cycle fish			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
72-6	Aquatic org. accumulation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-7(a)	Simul. field-aquatic orgs.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
72-7(b)	Actual field-aquatic orgs.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
81-1	Acute oral tox. rat	N.A.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
81-2	Acute dermal tox. rabbit/rat	N.A.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
81-3	Acute inhal. tox rat	N.A.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
81-4	Primary eye irritation-rabbit	N.A.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
81-5	Primary dermal irritation	N.A.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
81-6	Dermal sensitization	N.A.	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
81-7	Acute delayed neurotox-hen		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
82-1(a)	90-day feeding-rodent		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
82-1(b)	90-day feeding-nonrodent		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
82-2	21-day dermal-rabbit/rat		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
82-3	90-day dermal-rodent		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
82-4	90-day inhal.-rat		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
82-5(a)	90-day neurotox-hen		7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2

N.A. - Not Available.











1.a. Company Name Antec International		1.b. Company No. 62432		2.a. Chemical No. 63604		2.b. Chemical Name Potassium peroxyomonosulfate			2.c. Case No. 4072			
<b>Summary of Registrant's Phase 2 Response</b>										<b>Phase 3 Response</b>		
3 Guideline Reference Number	4 Name of Requirement	5 Hazard Number Associated with Comply Codes 1 and 4	6 Comply Codes Used in Phase 2 Response	7 Is Summary Provided?	8 Does Summary Identify Adverse Effects?	9 Is Reformatted Study Provided?	10 Will Do Study?	11 Will Cost Share?	12 Have/Will Provide Data Compensation?	13 Am Amending to Drop Use?	14 Correspondence Attached	15 Time Frame (Yrs.)
				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
171-13	Anal. Reference Std.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2

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1.a. Company Name Antec International		1.b. Company No. 62432	2.a. Chemical No. 63604	2.b. Chemical Name Potassium peroxymonosulfate				2.c. Case No. 4072			
<b>Phase 3 Response</b>											
3 Guideline Reference Number	4 Name of Requirement	5 MRID Number Associated With Comply Code	7 Is Summary Provided? Yes	8 Does Summary Identify Adverse Effect? Yes	9 Is Before-matted Study Provided? Yes	10 Will Do Study? Yes	11 Will Coat Share? Yes	12 May/Will Provide Data Compensation? Yes	13 An Attending to Drop Use? Yes	14 Correspondence Attached	15 Time Frame (Yrs.)
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